

Demographics of later life

Corner, L., & Bond, J. (2004). Being at risk of dementia: Fears and anxieties of older adults.

Journal of Aging Studies, 18 (2), 143-155.

Early diagnosis of mild cognitive impairment and dementia maximizes the potential benefits of early access to specialist therapies and support. Barriers to early diagnosis include late presentation. Research has traditionally focused on people following a formal diagnosis. Very little is known about the perceptions of older people, who, because age is an important risk factor, can be said to be at risk of developing dementia. Changes in cognition, competence, and personality are often dismissed as 'normal aging.' The views of older people were explored using qualitative interviews. The findings reinforce existing research evidence that suggests that some older people fear developing the condition. Participants felt uncomfortable with friends or relatives with dementia and were reluctant to contact health professionals about memory problems. There was uncertainty about the causes of dementia, anxieties about loss of self-identity and dignity, and long-term care. Greater understanding of this group's views could help inform information strategies and health and social care policy.

Cummings, S. M., Neff, J. A., & Husaini, B. A. (2003). Functional impairment as a predictor of

depressive symptomatology: The role of race, religiosity, and social support. *Health & Social Work, 28* (1), 23-32.

The study discussed in this article examined the relationship between depression symptomatology and functional impairment among White (n=387) and African American elderly people (n=181) and investigated the effect of race, religiosity, and social support on this relationship. Study results indicate that although African American elderly people were more impaired in the performance of activities of daily living and instrumental activities of daily living than white elderly people, they did not experience higher levels of depression. However, African Americans did report significantly higher levels of religiosity and social support.

Cunningham, W. E., Hayes, R. D., Burton, T. M., Reuben, D. B., & Kington, R. S. (2003).

Correlates of social function: A comparison of a black and a white sample of older persons in Los Angeles. *Journal of Applied Gerontology, 22* (1), 3-18.

This study compares social functioning between one Black (n = 560) and one White (n = 1350) urban, community-based sample of older persons in Los Angeles. A 3-item social function scale

that assessed visiting with family and friends, participating in community activities, and taking care of other people was administered; the instrument also assessed basic activities of daily living (BADL) and intermediate activities of daily living (IADL). In multivariate analysis, social function was substantially higher for Blacks than for Whites, although BADL and IADL scores were somewhat lower for Blacks. BADLs, IADLs, being male, and being married were positively associated with social function among Blacks; IADLs, owning a home, and history of falls were negatively associated with social function among Whites. The high social function of Blacks, despite more physical limitations, suggests that even physically impaired Black older persons in the South Central Los Angeles community may remain actively involved in the family and community.

Jang, Y., Mortimer, J. A., Haley, W. E., & Graves, A. R. Borenstein. (2004). The role of social engagement in life satisfaction: Its significance among older individuals with disease and disability. *Journal of Applied Gerontology*, 23 (3), 266-278.

The present study examines social engagement (social network and participation social activities) and its relation to life satisfaction among 354 community-dwelling, cognitively intact older individuals (M age = 72.4 years) with different combinations of disease and disability. Specifically, the analysis focused on individuals with disease but no disability (N = 186) and those with both disease and disability (N = 168). Individuals with both disease and disability had significantly lower levels of participation in social activities and life satisfaction; however, their level of social engagement was more strongly associated with life satisfaction as compared with individuals with disease but no disability. Disabled individuals may compensate for their lower physical function by placing more emphasis on social networks and social activities. Implications for enhancing social engagement and improving the quality of life among disabled older individuals are discussed.

Kessler, E.-M., Rakoczy, K., & Staudinger, U. M. (2004). The portrayal of older people in prime time television series: The match with gerontological evidence. *Ageing & Society* (Vol. 24, pp. 531-552).

Empirical studies in several disciplines including sociology, psychology and communications science have investigated images of older people in the mass media, but analyses to date have failed systematically to apply gerontological concepts and to compare the portrayal of old age with 'real-world' evidence. A model of older people's internal and external resources was used to assess the portrayal of older people in prime-time television drama series. Three hours of programmes broadcast over six weeks in 2001 of 32 prime-time television series on the four German networks with the largest market shares were examined. The age of 355 portrayed

characters were estimated, and the socio-economic, health- related and psychological resources of the 30 characters rated as 60 years or older were assessed. Observational categories and rating dimensions were developed on the basis of the resource model. Older people were heavily under-represented, especially women and those of advanced old age. Furthermore, the representation of older people's social participation and financial resources was overly positive. Finally, older women and men were portrayed in traditional gender roles. The antecedents and consequences of the biased portrayals (of old and young people) are discussed from a psychological perspective.

McMullin, J. A., & Cairney, J. (2004). Self-esteem and the intersection of age, class, and gender.

Journal of Aging Studies, 18 (1), 75-90.

In this paper, we explore the relationships among self-esteem, age, class, and gender. We ask whether relationships between self-esteem and gender are similar across age and class groups. Contrary to past research, which suggests that age has little influence on self-esteem or that self-esteem increases with age, we find that levels of self-esteem are lower in older age groups for both men and women. Furthermore, in all age groups, women have lower levels of self-esteem than do men. Social class does not influence levels of self-esteem for young men or women but does so for those in middle age and older age groups. From middle age on, social classes diverge in their levels of self-esteem such that men and women from lower social classes experience the lowest levels of self-esteem. Unlike past research that links age differences in self-esteem to either role or development theories, we consider these findings within a theoretical framework that recognizes the structural power relations embedded in class, age, and gender, which in turn influence gendered identities.

Menec, V. H. (2003). The relation between everyday activities and successful aging: A 6-year

longitudinal study. *Journals of Gerontology: Series B: Psychological Sciences & Social Sciences, 58B* (2), S74-S82.

Examined the relationship between everyday activities and the successful aging indicators of well-being, function, and mortality. In a 6-yr follow-up study, 2,291 older adults (aged 67-95 yrs) completed questionnaires concerning demographics, social support, activities of daily living, cognitive impairment, physical difficulties, health, morbidity, life satisfaction, and activity. Results show that greater overall activity level among Ss was related to greater happiness, better function, and reduced mortality. Social and productive activities were positively related to happiness, function, and mortality, whereas more solitary activities were related only to happiness.

Peek, C. W., Koropecj-Cox, T., Zsembik, B. A., & Coward, R. T. (2004). Race comparisons of the household dynamics of older adults. *Research on Aging*, 26 (2), 179-201.

Longitudinal studies have suggested that households are much more fluid than was once believed. Yet our understanding of changes in household composition is based on limited sets of transitions occurring across relatively long intervals. Furthermore, we know relatively little about ethnoracial variation in household dynamics. Using data from a sample of older Floridians, the authors describe race differences in longitudinal patterns of household change that occurred during four 6-month intervals. Approximately one quarter of respondents experienced some change in composition during the 24-month study. Older African Americans lived in larger and more dynamic households and were more likely to form coresident relationships with grandchildren and nonrelatives. Age, gender, marital status, and disability were also associated with the likelihood of acquiring a new household member. Findings from this research provide additional insight into the processes through which race differences in the composition of households emerge and are maintained over time.

Pugh, K. C., & Crandell, C. C. (2002). Hearing loss, hearing handicap, and functional health status between African American and Caucasian American seniors. *Journal of the American Academy of Audiology*, 13 (9), 493-502.

This investigation examined the relations among hearing loss, handicap perception, and functional health status of 152 African American and Caucasian American seniors ranging in age from 60 to 89 years. Subjective measures were obtained from self-report scores on the Hearing Handicap Inventory for the Elderly (HHIE), the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36), and demographic profiles. Results indicated the following: (1) both subject groups exhibited nearly identical degrees of sensorineural hearing loss consistent with presbycusis; (2) African American seniors reported significantly lower levels of completed education than did Caucasian American seniors; (3) differences between groups in self-report scores of hearing handicap (HHIE) were not statistically significant; (4) differences across groups in self-report scores of functional health status (SF-36) were not statistically significant; and (5) increasing levels of hearing loss produced significantly higher HHIE scores and significantly lower SF-36 scores in each group. These findings are discussed.

Sasson, S. (2001). The impact of ethnic identity upon the adjustment and satisfaction of Jewish and African American residents in a long-term care facility. *Social Work in Health Care*, 33 (2), 89-104.

The role of ethnicity in shaping the adjustment process and satisfaction level of cognitively intact older adults with nursing home living is examined in 2 predominant ethnic groups in an 816 bed long-term care facility. A convenience sample was used to select 71 Jewish and 21 African American residents aged 65 and older. Face-to-face interviews were conducted at a single point in time, incorporating 4 scales that measure strength of ethnic identity, adjustment, and satisfaction with residency. Ethnic behavior was the only ethnic identity measure that was significantly associated with resident adjustment and with satisfaction. The 2 ethnic groups did not differ significantly in the association of ethnic identity with adjustment and satisfaction. Additional research will be necessary to establish the generalizability of these results to other ethnic and racial groups.

Smith, J., Borchelt, M., Heiner, M., & Jopp, D. (2002). Health and well-being in the young old and oldest old. *Journal of Social Issues*, 58 (4), 715-732.

Notes that most individuals experience a decline in health status during old age. Paradoxically, there are proposals that older adults nevertheless maintain a positive sense of well-being, an indicator of successful aging. Data from the Berlin Aging Study (BASE), a locally representative sample of 516 men and women (aged 70-100+ yrs), suggest that cumulative health-related chronic life strains set a constraint on the potential of oldest old individuals to experience the positive side of life. The young old in BASE reported significantly higher positive subjective well-being than did the oldest old. Chronic illness and functional impairments limit well-being especially in very old age.

Stoller, M. A., & Stoller, E. P. (2003). Perceived income adequacy among elderly retirees. *Journal of Applied Gerontology*, 22 (2), 230-251.

Previous research indicates that elderly people generally find their incomes to be adequate, even when those incomes are relatively low. This article explores the relationship between household income and multiple measures of perceived income adequacy among elderly retirees. The authors also examine the effect of older people's assessments of health on perceptions of income adequacy. Results confirm previous findings that older people assess their financial resources as adequate. Older people who assess their health more negatively, or who had experienced recent declines in health status, assessed their financial resources as less adequate than respondents in better health who reported similar income levels.

Taylor, M. G., & Lynch, S. M. (2004). Trajectories of impairment, social support, and depressive symptoms in later life. *The Journals of Gerontology*, 59B (4), 238-246.

Taylor and Lynch investigate the relationship between long-term patterns of disability, perceived and received social support, and depressive symptoms in later life. Results show that disability, social support, and depressive symptoms are strongly interrelated processes in later life. Their results are consistent with previous research in showing the perceived, rather than received, support mediates the relationship between disability and depressive symptoms, but their results extend previous research in showing that this mediation occurs across time.

Westerhof, G. J., Katzko, M. W., Dittmann-Kohli, F., & Hayslip, B. (2001). Life contexts and health-related selves in old age: Perspectives from the United States, India and Congo/Zaire. *Journal of Aging Studies*, 15 (2), 105-126.

Health-related selves were examined in relation to biological decline and social systems of caring for and curing the ill in the US, India, and Congo/Zaire. 252 elderly (aged 50-87 yrs) filled out a sentence completion questionnaire which asked for self-descriptions. For the American elderly, health was an important value; they expressed fears of becoming ill and dependent, hopes for maintenance of autonomy, health and cognitive functioning, and intentions to health behaviors. The Congolese elderly expressed fears of death, hopes for a good death, expectations for decline in mobility and strength, and for support by their children. The Indian elderly generally fall between the Congolese and American extremes, but culture-specific cognitions about meditation and a peaceful death are also found. The differences in health-related selves are interpreted in relation to chances of healthy aging, specific illnesses, medical systems as well as care systems in each country. The findings are discussed in terms of universal and culture-specific themes of aging and their consequences for gerontological theory.

Williams, D. R., & Wilson, C. M. (2001). Race, ethnicity, and aging. In R. H. Binstock (Eds.), *Handbook of aging and the social sciences* (pp. 160-178). San Diego, CA: Academic Press.

Presents an overview of selected characteristics of the minority elderly, including demographic growth trends, socioeconomic profiles, patterns and disparities in health status, and social resources. The overview suggests that there is considerable heterogeneity within all of the racial and ethnic elderly categories, and considerable racial variation among older persons in formal education and poverty as measures of Socio Economic Status. Selected characteristics are presented for Whites, Blacks, Hispanics and Asian and Pacific Islanders. The effects of SES racial differences are reflected in a review of health data on the minority elderly, including survival to age 65 and 85 yrs, and death and disease rates. Racial differences in access to and quality of medical care suggest there are systematic differences in the kind and quality of care. Social resources of the minority elderly are outlined, including family, religious and informal support. Future trends and research needs are discussed.

